

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street)

2800 Shirlington Rd

Suite 1200

Check if different
than previously
reported. (ACC)

Arlington

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gross, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
04		01		2021

To:

M M	/	D D	/	Y Y Y Y Y
04		30		2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2021</td></tr></table>	Y	Y	Y	Y	Y	2021						<table><tr><td colspan="5">72764.90</td></tr></table>	72764.90				
Y	Y	Y	Y	Y													
2021																	
72764.90																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">14390.05</td></tr></table>	14390.05															
14390.05																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">2150.00</td></tr></table>	2150.00					<table><tr><td colspan="5">232077.30</td></tr></table>	232077.30									
2150.00																	
232077.30																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">16540.05</td></tr></table>	16540.05					<table><tr><td colspan="5">304842.20</td></tr></table>	304842.20									
16540.05																	
304842.20																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">7864.12</td></tr></table>	7864.12					<table><tr><td colspan="5">296166.27</td></tr></table>	296166.27									
7864.12																	
296166.27																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">8675.93</td></tr></table>	8675.93					<table><tr><td colspan="5">8675.93</td></tr></table>	8675.93									
8675.93																	
8675.93																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">170081.18</td></tr></table>	170081.18															
170081.18																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
04	/	01	/	2021

To:

M M	/	D D	/	Y Y Y Y Y Y
04	/	30	/	2021

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

875.00

156698.80

(ii) Unitemized

539.00

31662.75

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1414.00

188361.55

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

1414.00

188361.55

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

736.00

43715.75

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

2150.00

232077.30

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

2150.00

232077.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	7864.12	295811.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7864.12	295811.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	355.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	355.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7864.12	296166.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7864.12	296166.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1414.00	188361.55
34. Total Contribution Refunds (from Line 28(d))	0.00	355.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1414.00	188006.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	7864.12	295811.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	736.00	43715.75
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	7128.12	252095.52

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ausfahl, Matthew, , ,

Mailing Address 2955 Santos Lane 305

City
Walnut Creek

State
CA

Zip Code
94597-7549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GEO GROUP

Occupation (for Individual)
Social worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2021

Transaction ID : SA11AI.41673

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Casperson, Carolina, , ,

Mailing Address 10 Boathouse Close

City
Mount Pleasant

State
SC

Zip Code
29464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2021

Transaction ID : SA11AI.41677

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Casperson, Carolina, , ,

Mailing Address 10 Boathouse Close

City
Mount Pleasant

State
SC

Zip Code
29464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2021

Transaction ID : SA11AI.41678

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Casperson, Carolina, , ,

Mailing Address 10 Boathouse Close

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2021

Transaction ID : SA11AI.41676

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Casperson, Carolina, , ,

Mailing Address 10 Boathouse Close

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2021

Transaction ID : SA11AI.41679

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dobrzanski, Frank, , ,

Mailing Address 5304 Sapphire Springs Drive

City

Knightsdale

State

NC

Zip Code

27545-7585

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Expedient Resource Services

Occupation (for Individual)

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2021

Transaction ID : SA11AI.41681

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hegeman, Carmen, B., ,

Mailing Address 809 La Cruz Drive

City
El Paso

State
TX

Zip Code
79902-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2021

Transaction ID : SA11AI.41687

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Minks, Rachel, , ,

Mailing Address 17024 Barium Street Northwest

City
Andover

State
MN

Zip Code
55304-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Capstone Homes

Occupation (for Individual)

Director of Community & Culture

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2021

Transaction ID : SA11AI.41699

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morris, Joey, , ,

Mailing Address 16096 Keeney Dr

City
Fairhope

State
AL

Zip Code
36532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Morris Cary Andrews

Occupation (for Individual)

attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2021

Transaction ID : SA11AI.41700

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

875.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 17
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Usio, Inc.

Mailing Address 3611 Paesanos Pkwy, Suite 300

City
San Antonio

State
TX

Zip Code
78213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7159.43

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2021

Transaction ID : SA15.41713

Amount of Each Receipt this Period

736.00

☐ Memo Item

Refund of Travel Reported 12/30/2020-See Below (\$46 unitemized)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. The Kimptonbrice

Mailing Address 601 E Bay St

City
Savannah

State
GA

Zip Code
31401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2021

Transaction ID : SA15.41713.0

Amount of Each Receipt this Period

690.00

☒ Memo Item

Refund of Travel reported 12/22/20

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

736.00

736.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Anedot, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2021

Mailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.41708**

Amount of Each Disbursement this Period

216.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Direct Mail Processors, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2021

Mailing Address 1150 Conrad Court

City
HagerstownState
MDZip Code
21740Purpose of Disbursement
Thank You Notes

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.41711**

Amount of Each Disbursement this Period

182.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Grand Slam Finance Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2021

Mailing Address 103 CR 180 #62

City
LeanderState
TXZip Code
78641Purpose of Disbursement
Compliance Services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.41708**

Amount of Each Disbursement this Period

7350.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7748.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Usio, Inc.

Mailing Address 3611 Paesanos Pkwy, Suite 300

City
San AntonioState
TXZip Code
78213Purpose of Disbursement
Food / Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2021

FEC Identification Number

C**Transaction ID : SB21B.41716**

Amount of Each Disbursement this Period

99.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Panera Bread

Mailing Address 1440 Hendricks Ave

City
JacksonvilleState
FLZip Code
32207Purpose of Disbursement
Food / Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2021

FEC Identification Number

C**Transaction ID : SB21B.41716**

Amount of Each Disbursement this Period

99.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

99.92

7848.17

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9700

WOMEN SPEAK OUT PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

77452.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

77452.55

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 30 / 2017

Date Due

M M / D D / Y Y Y Y
11/30/2021

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	

SUBTOTALS This Period This Page (optional)..... ►

77452.55

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.13439

WOMEN SPEAK OUT PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

10118.58

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10118.58

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 30 / 2018

Date Due

M M / D D / Y Y Y Y

11/30/2022

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10118.58

TOTALS This Period (last page in this line only)..... ►

87571.13

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 17

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Denton US LLP

Nature of Debt (Purpose):

Legal Fees

Mailing Address 1900 K Street NW

City

Washington

State

DC

Zip Code

20006

Outstanding Balance Beginning This Period

35089.00

Transaction ID : SD10.39259

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

35089.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Media Bridge

Nature of Debt (Purpose):

Estimate digital ads

Mailing Address 11300 Astarita Ave

City

Partlow

State

VA

Zip Code

22534

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.15740

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Existing Loan owed to SBA

Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

Zip Code

22206

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

47589.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 17

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Original transactions put on SBA CC

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

8610.00

Transaction ID : SD10.6625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8610.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

18814.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 17

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Expense put on SBA CCMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

4709.73

Transaction ID : SD10.6756

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4709.73

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
To post Thrifty Car Rental Expense put on
SBA CardMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

1894.83

Transaction ID : SD10.9222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1894.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Non-Federal - SuppliesMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.15960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6804.56

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 17

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Non-Federal - TravelMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

27.90

Transaction ID : SD10.15958

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Salary / Contractor PayMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

4324.16

Transaction ID : SD10.39334

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4324.16

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Legal FeesMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

4950.00

Transaction ID : SD10.41208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4950.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

9302.06

2) **TOTALS** This Period (last page this line number only)..... ►

82510.05

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

87571.13

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

170081.18